

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Notice CONSV-68

For: State Offices and Service Centers

**CRES Software Enhancements in
County Release No. 429 for the Pasture Recovery Program (PRP)**

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

**A
Background**

Notice DF-323 provides policies and procedures for the implementation of PRP in eligible counties. CRES software has been modified to provide an automated method of processing applications and approvals for payments, letters, reports, and maintaining ledgers.

**B
Purpose**

This notice informs State Offices and Service Centers:

- that County Release No. 429 includes software enhancements which provide automated CRES processing for PRP
- of Service Center actions required to prepare and use CRES software for PRP signup and implementation
- of State Office actions required for program implementation and reporting requirements.

Disposal Date

January 1, 2001

Distribution

State Offices; State Offices relay to Service Centers

2 Implementing PRP in Service Centers

A

New Program and Practice Codes

During County Release No. 429 installation, the following PRP program code and practice codes will be added to the County Eligibility Table file:

- program code: PRP, Pasture Recovery Program
- practice codes:
 - PRP1, Reseed drought damaged land - with seedbed preparation (AC)
 - PRP2, Reseed drought damaged land - no seedbed preparation (AC).

The new program and practice codes have been established because all PRP processing will use a separate application form and allocation than other CRES programs.

B

AD-245(PRP)

AD-245(PRP) has been developed for use and is very similar to AD-245 used for CRES programs with minor changes in wording for PRP. The certification section on AD-245, page 1, was also amended for PRP.

Because of the extensive and time consuming programming that would be required to change the field names and form references on computer screens and internal reports to match the field names on the printed form during processing PRP:

- only AD-245 was changed for PRP
- no changes were made to the screens and reports.

Example: When processing an application on Screen EEA14000, the user will enter the amount being requested for payment in the "Estimated Cost-Share" field. This amount will be printed in the "Estimated Payment" field of AD-245(PRP).

C

Service Center Action

Service Centers serving counties determined to be eligible for PRP according to Notice DF-323 shall complete the instructions in this paragraph **after** County Release No. 429 is successfully installed.

Continued on the next page

2 Implementing PRP in Service Centers (Continued)

D

County Eligibility Table

For each county served that is eligible for PRP:

- make program code PRP eligible on the County Eligibility Table, as applicable, according to 1-CONSV, paragraph 17
- make practices PRP1 and PRP2 eligible according to 1-CONSV, paragraph 18, and the following instructions:
 - responsible agency for soil loss calculation--FSA
 - responsible agency for technical determination--FSA
 - cost-share level--leave blank

Note: PRP practices do not require soil loss calculation, but the software requires an entry.

- add component codes, as established and standardized by the State Office, to the County Eligibility Table according to 1-CONSV, paragraph 20.
-

E

Accepting Applications and Recording Needs

The application process for PRP requires that the recording of needs occur immediately following the creation of AD-245(PRP).

Applications shall be recorded in the system according to 1-CONSV, Part 5, Section 1, using program code PRP. Throughout the process, all references to AD-245 in 1-CONSV and on CRES software screens will, for the purpose of this program, relate to AD-245(PRP), and all references to cost-share or C/S will be understood to mean "payment".

Exception: Conservation AD-245/AD-862 Reports/Forms Menu EEA350 now has an option 13 to print a blank AD-245(PRP).

When entering the Estimated Cost-Share (Payment), it is critical that the entered amount is the result of multiplying the entry in (Extent Requested) times (Flat Rate) established for the requested practice, not to exceed \$2,500 per person. The entry in the "Estimated Cost-Share" field will be used after signup ends to calculate allocations and, if necessary, an allocation reduction factor.

Example: Requested acres = 60
Flat Rate = \$50
Entry in Est. C-S = $60 \times 50 = \$3,000$ - reduce to \$2,500 (if 1 person).

Continued on the next page

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2 Implementing PRP in Service Centers (Continued)

E

Accepting Applications and Recording Needs (Continued)

See Exhibit 1 for an example of AD-245(PRP) that has been recorded in the system as a request for a PRP payment.

Immediately following the creation of AD-245(PRP):

- print AD-245(PRP), page 1, for producer signature

Note: The producer shall also initial the Estimated Payment block.

- record needs according to 1-CONSV, Part 5, Section 3, filling out only the required fields using the criteria in the following table.

Field	Entry
Estimated Total Cost	Twice the Estimated Cost-Share
Hydrologic Unit	No Entry
Practice Extent Needed	Same as the Practice Extent Requested
Component Code Extent Needed	Same as the Comp. Code Extent Req.
Primary Purpose (Other Assist. Data)	8
Needs Determination Made by FSA	Current Date (by-pass warning)

See Exhibit 2 for an example of AD-862 with needs determination recorded.

Notes: When adding Technical Practice Codes, 512 is the only code authorized for both PRP1 and PRP2.

It is **not** necessary to print out hard copy of AD-862 for signature.

F

Reporting PRP Funds Requested

The funds for PRP are limited; therefore, before allocations are issued to State Offices and then Service Centers, the National Office will determine:

- the total amount of requests nationwide using the "Estimated Cost-Share" amount from all AD-245(PRP)'s accepted according to subparagraph E
- whether the total amount of requests exceeds available funds.

Note: If the total amount of requests exceeds available funds, the National Office will establish a payment factor.

Continued on the next page

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2 Implementing PRP in Service Centers (Continued)

F

**Reporting PRP
Funds Requested
(Continued)**

Service Centers shall complete the following for each county eligible for PRP served by the Service Center to report to the State Office the total amount of requests received for each county.

Step	Action
1	On April 17, 2000 , print ACP-301 Record of AD-862's, EEA360-R001, according to 1-CONSV, paragraph 331.
2	<p>Ensure that all AD-245(PRP) applications received for PRP have:</p> <ul style="list-style-type: none"> • been entered into the system and are listed on Report EEA360-R001 • a date printed in the "Date AD-862 Returned" column to indicate that needs determination has been recorded. <p>Important: Enter any missed application into the system according to subparagraph E.</p>
3	<p>For each AD-245(PRP), ensure that the amount in the "C/S Amount" column for the corresponding control number on Report EEA360-R001 does not exceed \$2,500 per person on AD-245(PRP).</p> <p>Notes: The "C/S Amount" for each AD-245(PRP) on Report EEA360-R001 is the same as the "Estimated Payment" on AD-245(PRP).</p> <p>Correct any errors in the "Estimated Payment" amount according to 1-CONSV, subparagraph 122 A.</p> <p>Important: It is imperative that the "Estimated Payment" amount on every AD-245(PRP) is accurate, because those amounts will be used to determine county allocations and, if necessary, a factor to reduce payment approvals.</p>
4	After all missed applications have been entered into the system and any needed corrections have been made, print 2 copies of Report EEA360-R001.
5	<p>FAX or mail 1 copy of Report EEA360-R001 to reach the State Office no later than April 20, 2000.</p> <ul style="list-style-type: none"> • Send the complete Report EEA360-R001 to the State Office. • Negative reports are required from all counties which were eligible for PRP. If no PRP applications were taken, send Report EEA360-R001, with "Negative Report" written on it.
6	Retain the other copy of Report EEA360-R001 in the Service Center.

Continued on the next page

Notice CONSV-68

2 Implementing PRP in Service Centers (Continued)

G Recording Allocations

Allocations will be determined at the National Office based on the information submitted by Service Centers through State Offices. If the total amount requested exceeds funds available, allocations will be factored before distribution to State Offices.

Upon receipt of a PRP allocation by memorandum from the State Office, record the allocation according to 1-CONSV, paragraph 400.

If a factor is used to reduce the allocations, Service Centers will also receive a memorandum from the State Office indicating the factor that was applied.

H Issuing Approvals

Issue approvals according to the following table.

IF the factor applied to the payment is...	THEN...
1.000 (not factored)	<p>document and record the approval according to 1-CONSV, paragraphs 154, 156, and 157.</p> <p>Note: See Exhibit 3 for a sample AD-245(PRP), pages 1 and 2, recorded in the system showing approval entries with no factoring.</p>
less than 1.000	<p>issue the approval according 1-CONSV, paragraphs 154, 156, and 157, except:</p> <ul style="list-style-type: none">in column F, enter the result of multiplying the amount in the "Estimated Payment" field by the factor supplied by DAFP <p>Note: Round to whole dollars using the standard rules of rounding.</p> <ul style="list-style-type: none">in the blank space provided on page 2, enter the statement, "The Payment Approved in Column F is Reduced Due to Requests for PRP Payments Exceeding Program Funds Available". <p>Note: See Exhibit 4 for an example AD-245(PRP), pages 1 and 2, recorded in the system showing approval entries with factor applied.</p>

Continued on the next page

Notice CONSV-68

2 Implementing PRP in Service Centers (Continued)

H

Issuing Approvals (Continued)

Provide each producer with AD-245(PRP), page 2, and an approval letter (see Exhibit 5 example) by either of the following methods:

- creating a miscellaneous letter according to 1-CONSV, paragraph 289, and printing according to applicable paragraph 296, 297, or 298
- modifying the existing approval letter to pertain to PRP and printing at the end of approval processing.

Approved extents and payment amounts shall **not** be increased after approval has been issued, unless a calculation error occurred in applying a factor, if needed.

I

Issuing Payments and Recording Performance

Partial payments are **not** authorized for PRP.

Issue payments according to 1-FI before recording final performance.

Note: The payment code for PRP will be **00PRP**.

Record performance according to the following table.

IF payment factor is...	THEN...
1.000	record performance according to 1-CONSV, Part 5, Section 6.
Less than 1.000	record performance according to 1-CONSV, Part 5, Section 6 except the payment earned entered in column H as instructed by subparagraph 193 F will be the lesser of: <ul style="list-style-type: none">• the amount approved in column F• the result of multiplying the uncircled extent (the extent actually performed, if less than the requested) in column G times the rate in column E times the payment factor furnished by memorandum from the State Office according to subparagraph G.

Notice CONSV-68

3 Implementing PRP in State Offices

A

State Office Action

State Offices with 1 or more PRP eligible counties shall:

- complete the instructions in this paragraph
 - ensure that all Service Centers serving PRP eligible counties complete the actions in paragraph 2.
-

B

Component Codes

Before the beginning of signup, State Offices shall:

- establish a standard component code and applicable data for a flat-rate component, according to 1-CONSV, paragraph 20, for each payment rate that is established by STC, according to Notice DF-323

Example:	Component Code	PR1
	Description	PRP1-seed, fertilizer, seedbed prep, and seeding
	Unit	Acre
	Rate	65.00/A

- provide to each eligible county the component codes applicable to that county.
-

C

Signup Reports

After signup:

- ensure applicable Service Centers timely submit Report EEA360-R001 according to subparagraph 2 F
- review for accuracy and completeness EEA360-R001 submitted for each eligible county
- enter county data on an Excel spreadsheet

Note: The Excel spreadsheet will be provided by CEPD, before the end of signup, formatted for each State to enter the payment amounts requested in each county. Instructions for entering and transmitting the data to the National Office will be provided with the spreadsheet.

- transmit the spreadsheets to CEPD no later than **April 25, 2000**.
-

Continued on the next page

3 Implementing PRP in State Offices (Continued)

D

Allocations

After the National Office has determined and provided allocations, State Offices shall:

- receive allocations by FSA-357, and record to the State ledger according to 1-CONSV, Part 9, Section 1

Note: If the allocation was factored, there will be a statement in the "Remarks" portion of FSA-357 indicating the factor used to reduce the allocation.

- provide a memorandum to counties receiving an allocation, according to 1-CONSV, paragraph 567, and provide an additional memorandum, if needed, informing the Service Centers of the factor to be applied to all applications for payment before issuing approvals.
-

E

Status Reports

Data from PRP activity will be contained in all current CRES reports providing the capability for the State Office oversight of PRP progress.

AD-245(PRP) With Request for Payment Recorded

A

Example of
Request for
Payment

Recorded on
AD-245(PRP)

The following is an example of AD-245(PRP) completed as a request for payment, PRP.

Page 1

AD-245(PRP) (02-10-00)		U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM		ST. & CO. & C/D 22 089 0	CONTROL NO. (F/Y & NO.) 2000 0016
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See continuation page for Privacy Act Statement.

FARM NO. 1964	NAME AND ADDRESS U.S. FARMER 555 DRY SUMMER ROAD ANYTOWN, LA 71412-9707	FARMLAND 428.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES / / X/NO
TRACT NO. 9329		CROPLAND 129.2	PRP			OTHER ASSISTANCE	

Telephone No.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED BY DROUGHT IN 1999
PRACTICE LOCATION S-22-S-23

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	I plan to start the practice
PRP2	Reseed drought damaged land - no seedbed prep (Ac)	44.0	44.0	50.000		03-20-2000
PR2	PRP2-SEED, FERTILIZER, SEEDING	ACRES	44.0			

I plan to complete the practice 09-30-2000

CONSERVATION PLAN: Farm Plan By NRCS / / Yes / / X/No Forest Plan By FS / / Yes / / X/No Other Plan / / Yes / / X/No PARTNERSHIP / / Yes / / X/No Joint Venture / / Yes / / X/No

APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by drought in 1999 that seeding is required to re-establish the forage crop.

SIGNATURE: U.S. Farmer DATE: 3/20/2000 Estimated \$ 2,200 Payment Willing \$ 2,200 to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the payment shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date

REMARKS

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

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Recording Needs for AD-862

A
Example of
AD-862 Needs
Have Been
Recorded

This is an example of AD-862 printed out after needs have been entered in the system. Note that there are no entries in Sections C through F. The primary purpose for PRP is "Other Assistance" which is Section G.

AD-862 (11-21-94)		U.S. DEPARTMENT OF AGRICULTURE CONSERVATION REPORTING AND EVALUATION SYSTEM		ST. & CO. Code & C/D 22 069 0		Control No. (FY & No.) 2000 0018	
A. REFERRAL INFORMATION							
1. Farm No. 1964				2. Telephone Number		3. Contract Id.	
Name and Address U.S. FARMER 555 DRY SUMMER ROAD Tract No. ANYTOWN, LA 71412-9707 9329				4. Practice to Begin 03-02-2000		5. Referral Expires 03-20-2000	
6. Practice Location S-22, S-23				7. Needs Statement			
Practice Description				Extent Requested	Extent Needed		
PRP2 Reseed drought damaged land - no seedbed pre				44.0	44.0		
PR2 PRP2-SEED, FERTILIZER, SEEDING				44.0	44.0		
				The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
				11. Signature		Date	
B. GENERAL INFORMATION							
1. Primary Purpose G	2. Program PRP	3. Program Practice No. PRP2	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 4,400	7. Est. Cost-Share 2,200	
8. Practice Extents Number		9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	12. Technical Practices Applied		
					Technical Practice	Cost-Shared?	Units Planned/Applied
					a	b	c
					512	Y	
C. EROSION CONTROL							
1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies				
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies				
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected			
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend Cond. After	13. Endangered Species		
				14. Hydrologic Unit Code			
D. WATER CONSERVATION							
1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	c. System Efficiency (%) Before	d. Water Cons. After	1. Problem Type		
2. Increased Water Storage	a. Primary Use	b. Capacity (Ac.-inches) Before	c. Soil Moisture Measures?	2. Type of Water Body Treated/Protected			
				3. Pollution Severity			
F. WOOD PRODUCTION							
1. Site Description		2. Stand Condition		3. Site Preparation		4. Purpose	
a. Site Index	b. Poten. Prod.	a. Forest Cover Before	b. Stocking Level Before	a. Acres	b. Cost-Share	Trees Pr/Ac	
		After	After				
H. ACTUAL COST AND PERFORMANCE DATA							
1. Total Install. Cost				1. PERFORMANCE REPORT			
2. Cost-Share		3. Date Performed					
This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.				Signature			
				Date			

Recording Payment Approval With No Factor Applied

A
AD-245(PRP),
Page 1, With No
Factor Applied

This is an example of AD-245(PRP), page 1, with payment approval recorded with no factor applied.

Page 1

AD-245(PRP) (02-10-00)		U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM		ST. & CO. & C/D 22 069 0	CONTROL NO. (F/Y & NO.) 2000 0018
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See continuation page for Privacy Act Statement.

FARM NO. 1964	NAME AND ADDRESS U.S. FARMER 555 DRY SUMMER ROAD ANYTOWN, LA 71412-9707	FARMLAND 428.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES / / NO
TRACT No. 9329		CROPLAND 129.2	PRP			OTHER ASSISTANCE	

Telephone No.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED DUE TO DROUGHT 1999
PRACTICE LOCATION S-22,S-23

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	Payment Approved F	I plan to start the practice 03-20-2000
PRP2	Reseed drought damaged land - no seedbed prep (Ac)	44.0	44.0	44.0	2200	
PR2	PRP2-SEED, FERTILIZER, SEEDING	44.0	44.0	50.000		

I plan to complete the practice 09-30-2000

CONSERVATION PLAN:	Farm Plan By NRCS / / Yes / / No	Forest Plan By FS / / Yes / / No	Other Plan / / Yes / / No	PARTNERSHIP Joint Venture	/ / Yes / / No / / Yes / / No
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APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by drought in 1999 that seeding is required to re-establish the forage crop.

SIGNATURE:	DATE:	Estimated \$ Payment	1/ 2,200	Payment Willing \$ To Approve
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APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the payment shown in BLOCK E above for this practice.

FOR THE APPROVING OFFICIAL	DATE:	Practice Expiration Date	09-30-2000
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REMARKS

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

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Continued on the next page

Recording Payment Approval With No Factor Applied (Continued)

B

AD-245(PRP),
Page 2, With No
Factor Applied

This is an example of AD-245(PRP), page 2, with payment approval recorded with no factor applied.

Page 2

AD-245(PRP) (02-10-00)		U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION - PASTURE RECOVERY PROGRAM		ST. & CO. & C/D 22 069 0	CONTROL NO. (F/Y & NO.) 2000 0018
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FARM NO. 1964	NAME AND ADDRESS U.S. FARMER 555 DRY SUMMER ROAD ANYTOWN, LA 71412-9707	FARMLAND 428.0	PROGRAM CODE CROPLAND	FUND CODE PRP	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	EXPIRATION NOTICE Practice must be completed and reported by 09-30-2000
TRACT No. 9329	Telephone No.						ID 437 28 1325 S

Your request for program payment to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED DUE TO DROUGHT 1999

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	Extent Performed	Payment Earned
A	B	C	D	E	F	G	H
PRP2	Reseed drought damaged land - no seedbed prep	44.0	44.0	44.0	2200*		
PR2	PRP2-SEED, FERTILIZER, SEEDING	44.0	44.0	50.000	2200		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
PR2 - Flat rate.

INSTRUCTIONS TO PARTICIPANT: To receive payment on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.

X. Did you bear all the expense for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

YES / / NO / /

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a payment under the same program on this or any other farm other than through this AD-245(PRP)? (If yes, report State, County, and amount by farm).

YES / / NO / /

PAYMENT APPROVED (Initials) _____ ACH/Check Number _____

CERTIFICATION BY PARTICIPANT: I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least 5 years following the year the practice is completed. I agree to refund all or part of the payment paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

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Recording Payment Approval With a Factor Applied

A
AD-245(PRP),
Page 1, With a
Factor Applied

This is an example of AD-245(PRP), page 1, with payment approval recorded with a factor applied. In this example, the factor is .85 and is for demonstration purposes only.

Page 1		U.S. DEPARTMENT OF AGRICULTURE		ST. & CO. & C/D	CONTROL NO. (F/Y & NO.)
AD-245(PRP)		REQUEST FOR PAYMENT - PASTURE RECOVERY PROGRAM		22 069 0	2000 0018
See continuation page for Privacy Act Statement.					

ARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
1964	U.S. FARMER	428.0	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
	555 DRY SUMMER ROAD						/ /YES
TRACT NO.	ANYTOWN, LA 71412-9707	CROPLAND					/X/No
9329		129.2	PRP			OTHER	
	Telephone No.					ASSISTANCE	

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED DUE TO DROUGHT 1999
PRACTICE LOCATION S-22,S-23

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	I plan to start the practice
PRP2	Reseed drought damaged land - no seedbed prep (Ac)	44.0	44.0	44.0	1870	03-20-2000
PRZ	PRP2-SEED, FERTILIZER, SEEDING	44.0	44.0	50.000		
						I plan to complete the practice
						09-30-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request payment under the program to meet the objective described above. If payment is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein. I certify that the vegetative cover on the affected acreage was so severely damaged or destroyed by drought in 1999 that seeding is required to re-establish the forage crop.

SIGNATURE: DATE: Estimated \$ 1/ Payment 2,200 Payment Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the payment shown in BLOCK E above for this practice.

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date 09-30-2000

REMARKS

EXPLANATION

In this example, the National Office determined that all payment approvals would be subject to a .85 factor. The Payment Approved (Column F) is the result of applying the .85 factor to the Estimated Payment amount resulting in the Payment Approved (Column F) to be \$1870. [\$2200 X .85 = \$1870]

1/ The maximum amount a person can receive under this program is \$2500. If the total request for PRP funds exceeds the total program funds available, the estimated payment amount for each person will be reduced by a factor determined by FSA.

SIGNATURE: DATE:

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Continued on the next page

Recording Payment Approval With a Factor Applied (Continued)

B

AD-245(PRP),
Page 2, With a
Factor Applied

This is an example of AD-245(PRP), page 2, with payment approval recorded with a factor applied. In this example, the factor is .85 and is for demonstration purposes only.

Page 2

U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION - PASTURE RECOVERY PROGRAM		ST. & CO. & C/D 22 069 0	CONTROL NO. (F/Y & NO.) 2000 0018
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FARM NO. 1964	NAME AND ADDRESS U.S. FARMER 555 DRY SUMMER ROAD ANYTOWN, LA 71412-9707	FARMLAND 428.0	PROGRAM CODE CROPLAND 129.2	FUND CODE PRP	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	EXPIRATION NOTICE Practice must be completed and reported by 09-30-2000
Telephone No.		ID 437 28 1325 S					

Your request for program payment to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
PASTURE DESTROYED DUE TO DROUGHT 1999

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Payment Approved	Extent Performed	Payment Earned
PRP2	Reseed drought damaged land - no seedbed prep	44.0	44.0	44.0	1870*		
PR2	PRP2-SEED, FERTILIZER, SEEDING	44.0	44.0	50.000	1870		

* - Total Cost-Shares Approved For Practice. Component Figures Shown Are Included In This Amount
PR2 - Flat rate.

INSTRUCTIONS TO PARTICIPANT To receive payment on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the Issuing office by the date noted in EXPIRATION NOTICE.

X. Did you bear all the expense for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

YES ☒ NO ☐

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a payment under the same program on this or any other farm other than through this AD-245(PRP)? (If yes, report State, County, and amount by farm).

YES ☒ NO ☐

APPROVAL ISSUED BY APPROVING OFFICIAL	DATE
Total Payment Earned	
Payment Advance (Partial Payment)	
Is Partic. on FSA Debt Reg. Y / / N / /	
Setoff	
Debt Assignment	
Payment Approved (Initials)	ACH/Check Number

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least 5 years following the year the practice is completed. I agree to refund all or part of the payment paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245(PRP)" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

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Example PRP Approval Letter

The following is an example of text for an approval letter for PRP. Should there be any other situation the Service Center would like to address, it could be incorporated into the letter.

Return address, producer address, and other header information is automatically included in the approval or miscellaneous letter.

Note: The second paragraph shall only be included if a factor is applied to approval amounts.

Your request for a PRP (Pasture Recovery Program) payment has been approved as indicated on the enclosed AD-245(PRP).

Because of the large number of requests nationwide for this program and the limited funds available, the amount approved for payment has been factored. The same factor has been applied to all other payment approvals for this program nationwide.

(In this paragraph, insert suggested notification language for decision letters, according 1-APP, Part 2.)

The following items should serve as a guide in completing, reporting, and maintaining the pasture reseeding.

1. Complete the reseeding as soon as is practical, but before the expiration date on the enclosed AD-245(PRP).
2. Complete the reseeding using the required amounts of seed and fertilizer to meet the requirements provided for this practice. The specifications must be met to qualify for a payment.
3. If you cannot complete the reseeding before the expiration date indicated on the enclosed AD-245(PRP), please notify us in advance. Certain reasons may justify an extension, but in all cases reseedings must be completed and certified no later than December 31, 2000.
4. Furnish a report of performance on the enclosed AD-245(PRP) immediately upon completion of the reseeding and not later than the expiration date indicated on the form; otherwise the approval payment will be canceled. In column G, enter the acres reseeded.
5. Furnish sales slips, invoices, or other evidence for the seed and fertilizer used in connection with the reseeding.
6. The seeding must be maintained throughout the 5-year lifespan.
7. The cover may not be mechanically harvested for the lifespan of the practice.

County Executive Director